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ABSTRACT

This final report describes development and evaluation of Feeling Free, a series of six half-hour television programs about disabled children. The introductory chapter offers background on the project, discusses difficulties involved in integrating career-related segments to satisfy funding grants by the Bureau of Education for the Handicapped and the Office of Career Education, and shows how the first program explcres four or five themes (familiarity, approach, ability, ambition) and implies the fifth (accomplishment). Chapter 2 addresses three phases of evaluation: (1) pre-production--administration of Familiarity Index and viewing cf selected segments from another television series, (2) formative--children's comments on preliminary segments and testing of sequences of segments fcr most effective reinforcement, and (3) prcposed summative. (One summative evaluation report is available in ERIC--see note.) Chapter 3 discusses distribution and promotion activities. Chapter 4 makes recommendations for future efforts in prcducing and evaluating programs about mainstreaming and/or disabled adults. It suggests presenting disabled as children first, as people with handicap second, and broadening "different" to include obese, adopted, and non-English speaking children. Appendixes present reports of phases 1 and 2 of a University of California at Los Angeles summative evaluation: Pilot Study and Development and Standardization cf Measures. (Two finalized measures are provided.) (YLB)

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"WHAT'S THE DIFFERENCE"

Final Report

Submitted to:

Office of Career Education
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TABLE OF CONTENTS

I. Introduction 1
   A. Organization 1
   B. Background 2
   C. Difficulties of Separating Career-Related Segments . . 3
   D. Tape #101 and the Series' Five Themes 4

II. Evaluation 8
   A. Pre-production 8
   B. Formative 12
   C. Summative 16

III. Distribution and Promotion 18
   A. Distribution 18
   B. Promotion 20

IV. Recommendations 21
   A. Evaluative 21
   B. Substantive 23

I. Introduction

The introductory chapter will be divided into four sections. Section A will set forth the organization of the entire report. Section B will give the background of the project. Section C will explain the relationships among the project's segments funded by the Bureau of Education for the Handicapped (BEH) and the Office of Career Education (OCE). And Section D will introduce the project's five themes as they relate to the BEH-funded and OCE-funded segments of Tape #101.

I.A Organization

As described above, the first chapter, Introduction, will be divided into four parts offering both the background of the project and the basic structure of the television series.

The second chapter, Evaluation, will outline, particularly with examples that are appropriate to the interest of the Office of Career Education, the pre-production and formative evaluations of the FEELING FREE tapes. These two forms of evaluation were conducted by Kim Susan Storey, Ph.D candidate at the Harvard University Graduate School of Education.

In addition, the second chapter will outline plans for summative evaluations to be conducted both by Ms. Storey and by researchers at the University of Los Angeles' Department of Psychology.

The third chapter, Distribution and Promotion, will address those contracts planned for the distribution of FEELING FREE audio-visual and print materials. It will also describe the methods of promotion, constrained by a shoe-string budget, that the Americn Institutes for Research (AIR) found most effective in its publicity campaign for the television series.

And the fourth chapter, Recommendations, will contain our suggestions for future television work pertaining to mainstreaming. This chapter will recommend approaches to formative evaluation which Ms. Storey gradually developed in relation to a television production crew. It will also

recommend substantive series ideas which have occurred to the staff members of the Workshop on Children's Awareness at AIR as they have considered a "second season" of FEELING FREE.

I.B Background

In the paper "A Little Bit of Awkward: Children's Messages on Mainstreaming," Dr. Alan J. Brightman, Director of the Workshop on Children's Awareness, wrote the following about the audio-visual and written materials known as FEELING FREE:

> FEELING FREE has tried to present a picture of people, primarily young people, whom most of us grew up never knowing. These are the people we weren't supposed to talk about, so we stared at and pointed at instead. These are the people we weren't supposed to ask about, so we made up stories and created our own understandings. These are the people who were always kept separate, away from the rest of us, included not in our classrooms, our playgrounds, our storybooks or our television programs. These are the people we grew up only hearing about or noticing occasionally. We didn't know them. We didn't have to.
>
> Today, thankfully, the situation for all children has changed. What for most of us was only a chance encounter is now, for an increasing number of children, a daily fact of life. The rationales which traditionally separated the labelled from the non-labelled child are crumbling fast, and the resulting integration now forces all of us to acknowledge childhood curiosities. They can no longer be hushed away...

The "resulting integration" about which Brightman wrote resulted from Public Law 94-142, also called The Education for All Handicapped Children Act. Passed by the Congress in November 1975, the Act placed handicapped children into regular classrooms to the fullest extent that doing so would be in their best interests. That placement is called mainstreaming, and it applies to the mentally retarded, the hard of hearing, the deaf, the speech impaired, other health impaired children, and children with specific learning disabilities.

FEELING FREE was an attempt to stimulate the curiosity of primarily third and fourth grade, able-bodied children, with regard to their new classmates: disabled peers. Those at the American Institutes for Research

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in Cambridge who belonged to the Workshop on Children's Awareness had three goals in mind as they, with members of the Human Policy Press in Syracuse, designed the film, video and print materials for FEELING FREE. The goals were to make able-bodied children more aware of, more informed about and more accepting of their disabled peers.

With such goals in mind, AIR contracted with BEH, DHEW, (Contract No. 300-77-0011) to develop a series of five half-hour television programs about disabled children whom a national audience would come to know as people first and as disabled people second. The contract was signed in December 1976.

By 1977, the Workshop on Children's Awareness realized that it could present an even truer picture of the disabled if it could include video segments about disabled adults' careers and about disabled kids' career aspirations into the series format. Therefore, the Workshop asked OCE, DHEW, for money to produce career-related segments which would be economically and edifyingly integrated into the BEH segments already underway. OCE approved of the Workshop plan and granted Award No. G0077003042 to AIR on September 15, 1977. That award extended the series from five half-hour programs to six.

I.C Difficulties of Separating Career-Related Segments

What we refer to as the OCE-funded "career-related segments" are not discreet segments. They are references to disabled adults' careers and lifestyles made in both studio discussions and in the portraits of cast regulars and guests.

They have been so dispersed--to a degree that nearly defies the extraction of OCE segments from BEH ones for the purposes of reports to the respective agencies--for three reasons. One, because career is not a clear-cut concept to children. Two, because disability is not a clear-cut concept to children, and three, because careers of the disabled is a particularly elusive concept to children.

Therefore, the stories, settings and characters of FEELING FREE serve as vehicles that lead children toward the concept of disabled adults working and leading independent lives. That concept, subtly but unmistakably present in the series, represents the career education that OCE was willing to fund.

According to the authors of What's the Difference?, published by the Human Policy Press for teachers in mainstreamed classrooms,

> Children do not have comprehensive knowledge about the work people do in general. They tend to stereotype jobs. For example, in interviews with children asking what the building principal does, some answered, "Walks in the hall a lot" and "Fixes our movie so it can show pictures again." p. 93.

If children have a hard time conceptualizing their school principal's job, they have a harder time conceptualizing the job of a handicapped person because they struggle to conceptualize handicapped people at all. According to the pre-production research conducted by Kim Susan Storey for FEELING FREE, most able-bodied children are not familiar with disabled adults or peers. Twenty-six of the 100 children whom Storey interviewed either had never seen or had never known a handicapped person. An additional 51 either had seen or had known only one or two.

Furthermore, Storey found that able-bodied children misconceive disabled people. Fifty-two of the 100 children she interviewed responded "Yes" or "Not Sure" to the question: "Is a person with a handicap sad most of the time?" And Storey was surprised to learn from the formative evaluation of FEELING FREE that some children even think that disabilities are contagious.

Alerted by such research, the producers of FEELING FREE understood from the start that if able-bodied children were to consider the careers of the handicapped, they might wonder, "Well what is a sad person good at?" or "Can people with contagious diseases work anywhere at all?" Therefore, the producers knew to present the concept of careers of the handicapped within the context of non-fictional, handicapped children and adults who would not only interest able-bodied children but who would also elicit admiration and identification from them.

To accomplish such a presentation, the producers engineered the programs to sequentially and persuasively reveal the disabled as people who have friends, family, fun, problems, abilities, ambitions--and therefore careers--as typical people do. An example of this "engineering," and the interrelation of the BEH and OCE segments that result from it, lie conveniently in the series' first program, Tape #101.

I.D Tape #101 and the Series' Five Themes

The first theme of Tape #101 is Familiarity. The producers wanted to introduce Hollis, a 12-year-old with cerebral palsy, so that an able-bodied audience would become familiar and comfortable with him.

The portrait of Hollis begins with him leaving a school bus and walking into his house, which he enters slowly with the help of his crutches. This scene, combined with a voice-over of Hollis explaining what his handicap is and how long he has had it, unmistakably establishes his disability. But the focus on disability doesn't last long.

Hollis soon becomes an identifiable 12-year-old who riotously plays air hockey with his best friend, Donald; who cooks "absolutely horrible hamburgers" for his mom and dad; and who patiently teaches yoga to Donald. In the process of playing, cooking, and teaching, Hollis is articulate. He explains that he has to work on not feeling hurt when someone asks him "Why can't you walk?" when he's already walking, but when he is walking slowly and in a manner that prompts some kids to tease him, "You walk like Donald Duck."

In the course of a few minutes, then, Hollis is established as similar to and different from most 12-year-olds. The producers have effectively introduced him and have set the audience up for the next theme: Approach. If Hollis is as interesting as he appears to be on the screen, how might an able-bodied child approach him or any other child with a disability?

In the #101 segment called "Questions," the disabled cast "regulars" and some able-bodied peers show how approach can be thoughtfully and

respectfully made. Following a game of Red Light/Green Light in which the regulars and friends play, the kids get together to candidly ask Ginny, 12, what it's like to be a dwarf. The Ginny who clowned during Red Light/ Green Light turns worldly philosopher.

She explains how she feels when people tease her, she complains about the problems finding hip clothes to fit a three-foot frame, and she explains that sometimes she does not feel as if she's handicapped, but rather just feels as if she's short. When someone asks Ginny if it bothers her at all to talk about her handicap, she replies that she is never upset to reasonably talk--as they are doing before the cameras--about the truth.

The next studio segment of #101 broaches the theme Ability. After Ginny fields questions, Laurie, who is blind, shows how she can read with the aid of a special camera called an Optacon. The kids--both able and disabled--are fascinated by the Optacon. They take turns feeling its electrical impulses sent to the "reader's" fingers; they ask Laurie if it was hard to learn to use. She explains that it was, especially because she needed practice distinguishing upper case from lower case letters, but she says the effort was worthwhile: she loves to read, and the Optacon enables her to read books that have not been translated into braille.

Having proven that the blind read, the producers have filmed a segment about ability that serves to introduce the next theme, Ambition. We have met Laurie, 14, who seems a soft-spoken, sweet-natured, and determined young woman. In the next segment, a "Rap" about "what you want to be when you grow up," we shall see how both Laurie's ability to read and her determination affect her career aspiration.

John, who is 12 and dyslexic, starts the rap by projecting that he will become a veterinarian, or at least the keeper of an animal farm. Hollis volunteers that he wants to be a scientist, although he is not sure what he will invent. Someone asks him what he'll have to do to become a scientist, and Hollis answers, "Get good grades." He thinks he may go to medical school so that he can cure diseases.

Hollis then asks Laurie what she wants to be. She responds that she will teach children. Gordon, 12, who is deaf, asks Laurie how she will be able to "walk over" to students since she is blind.

In a reply that is translated for Gordon by a teacher who signs, Laurie explains that she knows the layout of her own classroom at school, and that she will likewise memorize the seatings of the classrooms of her students. Laurie further explains that she doesn't worry about the problems of being a blind teacher because she knows a blind woman who teaches junior high.

An able-bodied girl asks her, "But Laurie, what if the kids break out in a fight?" Laurie says that fights are never quiet; she'll hear them, move toward them, and stop them. But the girl, possibly worried that a blind teacher could not effectively intervene in such matters, suggests that Laurie could teach blind kids, whose problems she would especially understand.

Responding to that suggestion, Laurie proceeds to reveal her ambition in a way that a scriptwriter, extensively experienced with the handicapped, with adolescents, and with educational TV, could not have so convincingly done. Laurie protests that she wants to teach regular kids--kindergarteners like her cousins. Someone then suggests that she could have a teacher's aide, but Laurie declares her displeasure; she wants to teach on her own: "I just have this thing about independence. Like I want to go to college on my own, and when I'm older I want to live in an apartment away from my parents...Teaching any grade isn't easy, but I don't like easy things. And when I master that (teaching kindergarten), I'll move on to something else."

On that note, Tape #101 ends. Thus the first program explores the four themes: Familarity, Approach, Ability and Ambition. It implies Accomplishment as the kids talk about their futures, or as Laurie reads with the Optacon, or as Hollis fries hamburgers. But accomplishment is more directly addressed in later programs when the kids are in school and when disabled guests are shown counseling, acting, or building a house.

II. Evaluation

The chapter on Evaluation will be divided into three sections to correspond to the three phases of evaluation used on FEELING FREE. Section A will address the pre-production evaluation. Section B will address the formative evaluation. And Section C will address the project's proposed summative evaluation.

II.A Pre-production

Kim Susan Storey, a Ph.D candidate at Harvard University's Graduate School of Education, designed the two phases of pre-production evaluation. The first was the Familiarity Index. The Index comprised three parts: definition of disabilities, experience with disabled people and misconception questions, all of which were administered to 100 children between the ages of six and twelve.

The results of the definition part of the Index showed that about three-quarters of the children had at least a preliminary understanding of the concepts "blind" and "deaf." Fewer children understood "crippled," and virtually none understood "retarded." Therefore, Storey recommended that clear definitions of each disability be presented. Subsequently, each child explained his handicap, in his own words, in one of the video tapes. For example, Hollis described his cerebral palsy in terms of the slowness of his brain's messages reaching his legs as compared with the swift brain-to-leg messages in able-bodied children.

The second part of the Familiarity Index asked the 100 children if they knew any handicapped people. The criteria for what was meant by "knowing" was intentionally kept broad. Although this broadness prompted one child to respond that he had known of a blind guinea pig, and did that count?, we were interested in estimating the frequency of even the most distant contact that able-bodied children might have had with the disabled.

More than 75 per cent of the children whom Storey interviewed reported knowing, at most, only two handicapped people, and those people were not

always peers. More than 25 per cent of the children reported knowing none. As we explained in Chapter I, these figures impressed upon us the importance of introducing disabled children and adults to typical kids. Public school classes were scheduled to be mainstreamed during the Fall of 1978; FEELING FREE was aired nationally by the Public Broadcasting Service in the Spring of the same year.

The third part of the Familiarity Index was a set of ten "misconception questions" answered "Yes," "No," or "Not Sure" by the 100 children. These included such questions as "Is a child in a wheelchair usually retarded?" "Is a person with a handicap sad most of the time?" "Can a deaf person drive a car?" and "Can a blind person teach school?"

We learned from the answers to these questions that although the children's experience with the handicapped was limited, their opinions about the handicapped were not. Over half of all the responses were incorrect, but of those erroneous answers, at least half were "Not Sures." Therefore, we hoped that the kids' misconceptions were open for questioning and changes. We structured FEELING FREE assuming that they were.

We assumed we could convince kids that the disabled had fun. In our video-taped segments, we included nonsense and games, like John's magic tricks and the dress-up relay race. We filmed Joe Sarpy, actor with the National Theater for the Deaf, because the joy with which he acts so clearly comes across the screen. And we were delighted that when Don Zimmerman joined the regular cast to answer questions, he and the kids joked about how he never had trouble in his wheelchair in a crowd; he simply ran people over--squashed uncooperatives down.

Responding to the answers we received to the misconception questions, we tried to show, if indirectly, that a person with a handicap can be as happy as anyone else, that a handicapped person could get married, that a handicapped child can have as many friends as anyone else and that if someone can't talk, he's not necessarily retarded. But we were affected by more than the pre-production Familiarity Index. We also had the second phase of the pre-production evaluation with which to work.

The second phase involved 89 children, aged six to twelve, who watched segments about disabled children as they had appeared on the television series ZOOM. After the ZOOM portraits, which lasted about 20 minutes, the kids were asked about the entertainment and information value of the portraits they had seen. The structured, post-ZOOM discussion lasted about an hour. From this evaluation phase, the producers learned how to shape FEELING FREE.

Those 89 children informed the staff of the Workshop on Children's Awareness that kids are not affected by platitudes in a broadcast unless those platitudes are reinforced, or animated, by identifiable characters doing specific things. For example, all children who viewed a given ZOOM portrait could pipe about its "being about" the "Golden Rule": treating others as you would have them treat you. But we found that the kids seemed almost bored by that platitude and forgot it quickly, unless a film or video segment illustrating it was made in such a way that the children felt it had been re-defined, or perhaps, defined for the first time, in terms that appealed to them.

With that lesson in mind, we structured FEELING FREE to show more than it told. For instance, when we constructed the sequence about Bob Briere building his own house, we cut the head shots of Briere talking about his disability in proportion to the action shots of him actually building his house and celebrating with his family and friends. We paralleled his voice over: "They (people in wheelchairs) are like everyone else. They just get along on wheels, that's all," with his measuring, sawing, planning with his fellow builders, and his coasting down the dirt ramps he designed around his home's construction site.

We matched the visuals with the message, and we milked the visuals for all the power they had. Therefore, we filmed Briere at work in the electronics plant where he consulted with a co-worker. The matching voice-over was "At first when I decided to get a job (he had been in an auto accident 13 years ago and thereby lost the use of his legs), it was scary. I had never had anything but a summer job before. But getting a job was important because it was the first step toward being as independent as I am now."

We found that what really impressed our audience with regard to his independence was not Briere's words, or even his short talk with his co-worker among the computer terminals at the electronics plant. Rather, it was our sequence of him getting into his car after a day at work. Briere lifts himself from his wheelchair into his front seat. From his car's front seat, he leans over, adjusts his wheelchair, folds it, and effortlessly lifts the no longer recognizable contraption of leather and steel into his back seat. He drives away.

After viewing that sequence, the kids not only realized that "it was about" Briere's independence, they also were fascinated by the mechanics of the folding wheelchair, the strength of Briere's arms, and the hand-controls for gas and brakes in Briere's car. That fascination drove home the sequence's message that a handicapped person can be independent and able. It showed what Briere had tried to tell, that some handicapped people are just people who get along on wheels, that's all.

Children's preference for "show don't tell" was the first lesson we learned from the pre-production screening of the ZOOM segments. The other lesson addressed the nature of portraits and their appeal to kids.

The 89 children were surprisingly, we thought, entertained by portraits of disabled peers whose actions were no more dramatic than everyday life. The able-bodied kids seemed to enjoy the portrait format because it allowed them to compare themselves to the disabled kids, and because kids just enjoy meeting other kids. That surprised us.

For example, we had initially planned to include some animation to "liven the series up". We had begun to think in terms of contracting with medical and cartoon consultants who would illustrate parts of the body and how those parts malfunction in the event of a disability.

We had assumed that the portraits of the disabled would require such diversion; we thought the kids would like sophisticated visuals. But the children wanted the straight forward ZOOM portraits. They wanted to see disabled kids coping, learning and fooling around as they might do if they were disabled. We scrapped our animation plans.

II.B Formative

Kim Susan Storey's formative evaluation, which coincided with the tape's production, had two phases. One phase evaluated preliminary segments of FEELING FREE. The other evaluated combinations of segments as they might be stacked for optimal effect.

The first phase used 1,000 children, aged six to twelve, who viewed approximately 50 segments of FEELING FREE. After seeing one segment, a group of ten to twenty children would respond to researchers' questions regarding the segment's entertainment value, its clarity, and its message.

Storey would assiduously collect, categorize and condense these responses. She would record what they implied about how FEELING FREE was affecting its target audience, and she would meet with production staff to prove the segments' failure or success. Segments were either used or disregarded according to this method.

In general, this phase of formative evaluation detailed, to a greater extent than the pre-production evaluation could, what about disabled children interested their able-bodied peers. The following set of six children's interests, derived from an example response, matched with the series corresponding theme and aligned with a resulting series segment, will indicate the kind and impact of information collected during the first phase.

1. Interest: Able-bodied children are interested in how the disabled learn to cope.
   Response: "Was it hard to learn to cope walking down the street?"
   Theme: Accomplishment
   Treatment: We showed Laurie being taught how to walk with a cane. We showed Judy pouring orange juice with her finger on the inside of the glass to feel when the glass was full. We showed Ginny explaining that she often sits on counters to reach what she needs. We showed Gordon explaining that in the dark, he either uses a flashlight to illuminate his signs, or signs into someone's hand. And we showed Laurie asking Don Zimmerman if he were ever denied a job because of his handicap. Zimmerman explained that he suspected

that he had. As a result, he never mentions his disability before he has an interview.

Another treatment of learning to cope with disability was inserted into the written "Invitation to Teachers." On page 50, under "Activities", the following exercise called "When I Grow Up" is suggested. This exercise is valuable not only because it encourages able-bodied children to imaging coping with a disability in relation to a job, but also because it is fun for them to do.

> Ask your students what they want to be when they grow up, and the specific skills and behaviors that would be required of each job. Once each child has some idea of the occupation he or she might like, have each one pick a card from among many on which different disabilities are presented. Now discuss whether the child could still achieve his or her career goal given the disability. How would this be accomplished? Would a change in jobs be required? Are there jobs in the same career category that the students could perform? Would the job have to be modified in any way? How might an employer help a disabled person adjust to the work environment?

2. Interest: Able-bodied children are interested in what devices handicapped people use to cope.
   Response: "Is that a hearing aid that Gordon wears? How does it work?"
   Theme: Ability
   Treatment: We showed Don Zimmerman demonstrating the operability of his wheelchair. We showed Judy answering questions about her seeing eye dog. We included Laurie's demonstration of the Optacon.

3. Interest: Able-bodied children are interested in the origin of a disability.
   Response: "How'd he get that way? Was he born that way, or was he in an accident? Is it contagious?"
   Theme: Familiarity
   Treatment: Each of the regulars explains what his disability is and how it started. Distinctions are made between someone

such as Hollis who was born with cerebral palsy and therefore uses crutches, and Bob, who was in a car accident and therefore uses a wheelchair.

4. Interest: Able-bodied children are interested in whether handicapped people have friends.

   Response: "When a person has a problem, and they are among friends, they do well, right?"

   Theme: Familiarity

   Treatment: We show Laurie with her friend Laurie, and Hollis with his friend Donald, and Ginny with her friend Liza. We show Bob with his friends, who help him build his house; we show Judy with her husband and Joe with his wife and child; and we show the regulars asking Don about his seven children.

5. Interest: Able-bodied children are interested in what interaction strategies they can use to meet disabled peers.

   Response: "I think they should show how he feels when somebody says, 'Hey, how come you can't walk?'"

   Theme: Approach

   Treatment: We show able-bodied and disabled children asking Ginny what it's like to be a dwarf; asking Laurie if people notice her handicap; asking John if people know he is disabled. We show Ginny asking Hollis, "Do you feel bad when I ask you if you need help?" Hollis replies, "No, because I often need help." And likewise, we show a segment with Judy trying to cross a city street. The voice-over explains that she sometimes needs people to tell her when the traffic has cleared, but she does not need them to lead her across the street. Her seeing eye dog leads her.

6. Interest: Able-bodied children are interested in whether handicapped people are ever alone, and if they are, what they do then.

   Response: "What does she do when she's alone and no one's around?" "That would be rotten, treating you like you need every-

thing -- always people to do things for you."

Theme: Ambition

Treatment: We show Gordon explaining that one disadvantage of deafness is wanting to be alone, but being surprised by someone walking up behind you whom you can't hear. We show Bob driving alone on a country road; the voice-over is "With just me, my machine and the road, I can forget everything else." Bob, like Laurie, wants to live alone.

Those segments show that handicapped people like to be alone sometimes, and that what a handicapped person does with his solitude often resembles what able-bodied people do. In response to children's remarks about the "rottenness" of dependency, we showed Bob, Joe and Judy at work. We showed Hollis's parents depending upon him to make hamburgers, we showed Laurie talking about her "thing for independence", and we underscored Ginny's intentions in the story "Ginny's Backyard", a booklet which will be distributed by The Human Policy Press:

> "When I get older, I want to have my own animal farm and be a veterinarian . . .or maybe I'll run a pet store. The one thing I know for sure is that when I grow up, I'm going to take care of myself and earn a living like everybody else."

In those ways, Storey's first phase of formative evaluation affected both the audio-visual and written materials for FEELING FREE. Her second phase of the formative evaluation affected only the audio-visual materials; she tested combinations, or sequences of segments, to discover which segments most effectively reinforced others while continuing to accomplish their individual objectives. This second phase involved another 1,000 children aged six to twelve, who would view a sequence and comment upon it.

For example, when a group of kids saw the dress-up relay race after a segment in which Gordon was profiled, the group thought that Ginny, one participant of the race, was "a baby who shouldn't have been there" or "a circus midget" placed in the race for entertainment value. The production staff therefore fit the relay into Tape #104 to follow a discussion in which Ginny speaks as a competent twelve-year old. Seeing the discussion

first and the race second, able-bodied children found nothing odd about Ginny in the race.

II.C Summative

Two summative evaluations have been proposed for FEELING FREE. One will be undertaken by Kim Susan Storey, who will evaluate the television series for her Ph.D. thesis at the Harvard Graduate School of Education. The other will be performed by graduate psychology students from the University of California at Los Angeles. They will evaluate a combination of the project's audio-visual and written materials.

Storey will investigate the informational, attitudinal and behavioral impact of the television series FEELING FREE on disabled and able-bodied children. These children will be fourth graders in mainstreamed public schools in Massachusetts. Control groups will be used.

The UCLA group proposes four phases for their summative evaluation. The first phase, a pilot study, will investigate the impact of a mini-program, using several segments from FEELING FREE, upon able-bodied children in a marginally integrated (retarded and non-retarded) summer camp. The knowledge and acceptance of disabled peers by the able-bodied children will be measured before and after the able-bodied children (Group A) have seen segments of FEELING FREE. A control group of able-bodied children (GROUP B) who will not view FEELING FREE will probably also be used. Both able-bodied groups (A and B) will be observed interacting with retarded campers.

The next three phases of the proposed UCLA project will focus on the impact of the Scholastic Book Services FEELING FREE materials. These materials will be presented in a six-session, multi-media curriculum, to Caucasian and minority children in two schools of the Los Angeles Unified School District. Control groups will be used. The UCLA students will probably present this evaluation of the Scholastic materials along the following lines:

Phase II Development and Standardization of Measures

Phase III Assessment of the Impace of FEELING FREE

Phase IV Evaluation of Variables Related to Children's Responsiveness to FEELING FREE

III. Distribution and Promotion

Section A of this chapter will discuss the four distributors of audio-visual and written materials relating to FEELING FREE. These are Scholastic Magazines Incorporated; the Addison-Wesley Publishing Company; the Human Policy Press; and the Public Broadcasting System.

Section B of this chapter will list activities that AIR undertook to promote the nationally broadcast television series.

III.A Distribution

During the process of selecting an educational distributor of the audio-visual and written materials for FEELING FREE, the Workshop staff asked standard questions such as:

*What is your plan for marketing the materials? For promoting them? In what format? At what cost? According to what time plan?

*Based on your review of the materials, what revisions would you suggest?

*What will the advance and/or royalty arrangements for sale and rental of the materials be?

*What size will your initial production of preview materials be?

*What will the provisions of your contract include?

*Do you currently distribute materials that may be competitive and/or complimentary with the FEELING FREE materials, and if so, how will this affect the marketing of FEELING FREE?

*Will you plan to reach the specialized market of schools for disabled children?

After competitive solicitation and after review of proposals submitted by companies like Films, Inc., Coronet, Film Fair, Stanfield, the Learning Corporation of America and Scholastic Magazines, Inc., we chose Scholastic. The Classroom Media Kit which Scholastic plans to distribute will include six 15-minute film and tape programs, six student guides, one teacher's manual and one kit container.

In addition to the written materials distributed by Scholastic, we also expect to contract with the Addison-Wesley Publishing Company to produce a book that will be marketed to trade bookstores and libraries. Called FEELING FREE, it will probably be developed as a joint AIR/Addison Wesley property.

Other written materials, such as What's the Difference? Teaching Positive Attitudes Toward People with Disabilities, and FEELING FREE, An Invitation to Teachers, and stories in booklet form such as "Ginny's Backyard", will be handled by the Human Policy Press.

The distribution of the television series FEELING FREE was arranged with the Public Broadcasting Service in Washington, D.C., on July 28, 1977. On that day, pilot material was screened and the staff of the PBS Education Division assured AIR that PBS would broadcast the series.

Although we contacted the commercial networks, none was interested in a series featuring disabled children and adults. Yet AIR's hopes for a large national audience were far exceeded by the actual response to the PBS broadcast. Some 218 public television stations, over 80 percent of the PBS system, carried the series. Nielson ratings indicated that the audience reached through these stations totaled 19 million. This figure represents twice the viewership standardly anticipated for a new children's series, and it indicates that FEELING FREE enjoyed substantially more viewers than either ZOOM or the Electric Company, two established children's favorites aired by PBS.

AIR proposes to license PBS to televise three repeat broadcasts of FEELING FREE during the next three years. We additionally propose that requests to produce copies of the programs, either from off-air broadcasts or from tapes made available by BEH or OCE, be denied. Such private possession of copies of the FEELING FREE television programs would injure both PBS's incentive for repeat broadcasts and Scholastic's right to a reasonable return on distribution of the 15-minute FEELING FREE versions.

III.B Promotion

Although our BEH contract provided no funds for promotion, AIR initiated a number of efforts to increase station carriage and to attract a national audience for the FEELING FREE series. We believe that such a low-budget promotional campaign significantly contributed to the favorable Nielsen ratings which we mentioned above. Our promotional efforts included:

1. Producing and distributing a set of information and promotion print pieces describing the series, explaining its purpose, and stressing its timeliness;
2. Issuing a series of press releases to newspapers, magazines, television stations, and other media outlets around the country. This coverage included articles in 259 newspapers, magazines and wire services, highlighted by TV Guide, The New York Times, and the Los Angeles Times, all of which reached about 43 million readers;
3. Attending several major educational broadcasting conferences, such as the National Association of Educational Broadcasters held in Washington, D.C., and the PBS Programming Conference held in Nashville, Tennessee;
4. Conducting two press/media conferences in New York City and Boston;
5. Appearing in person on radio and television talk shows that were aired locally, regionally, and nationally. These included "Good Morning, America" and "Evening";
6. Attending the meetings of local and national disability organizations where we promoted the programs and stimulated such information networks and newsletters and personal contacts; and
7. Obtaining the endorsement of the National Education Association for FEELING FREE. The Association is the largest teacher organization in the country.

Although we will not list recommendations regarding promotion in the next chapter, we would like to emphasize the success that a promoter can have, regardless of his budget constraints. We recommend that future promoters of programs relating to disabilities stimulate the enthusiasm of journalists, educators and disability advocates by employing the relatively inexpensive methods of promotion that we used.

IV. Recommendations

This final chapter will make recommendations for future efforts in the fields of producing and evaluating programs about mainstreaming and/or disabled adults. The first section will concentrate on evaluative recommendations; the second will concern substantive ones.

IV.A Evaluative

For the purpose of recommendations, we would like to re-iterate the lessons we learned from pre-production evaluations conducted by Kim Susan Storey. They showed us that we had to present the disabled as children first and as people with handicaps second. Therefore we showed our regulars shopping, rock-climbing, fooling with their friends, dancing, camping and speculating about their future careers as well as talking about the embarrassment of being called "Shorty" or being compared to Donald Duck.

Likewise, when we set out to film disabled adults who were independent, we learned from the pre-production evaluations that we should show them as people first, and disabled workers second. Therefore, we chose our guests with a variety in mind; we wanted their occupations to vary according to their personalities. We showed Bob Briere, who is a somewhat reticent character, fond of riding his motorcycle through back roads without company, at work with electronics equipment. Briere, we thought, contrasted professionally and personally with Joe Sarpy. Sarpy, outgoing and expressive, works not with equipment but with people. He acts before live audiences whom he loves to intrigue.

For similar reasons, Judy and Laurie are shown expressing different attitudes toward their jobs. Laurie has a harder edge to her personality than Judy has; Laurie does not hesitate to proclaim herself a person stuck on "independence". Therefore, Laurie is not willing to teach the handicapped. She wants to teach able-bodied children just as any independent, able-bodied woman, who is interested in the education of young children might do.

In contrast, Judy's personality is not marked by what Laurie described in herself as "A thing for independence". Judy does function independently at school, at work, and on the subway and the street. But the nature of her personality, which struck children as warm, friendly, happy and punctuated by giggles, dictates only that she have a career helping people, not that she have a career, as most able-bodied persons have, outside the realms of special education.

Our intent was to show that disabled people have different personalities, and therefore different methods of maintaining their independence through their careers. Our pre-production evaluation clued us in to the importance, in the eyes of children, of people first, disabilities second, and careers third.

Storey's formative evaluation immeasurably shaped the production of FEELING FREE as we described in Chapter II. But the process of her formative evaluation is as fascinating, and as significant, as the results. Storey offers the following tips to future researchers engaged in formative evaluation with a production team:

1. Realize that formative research results are just one of four sources of information which influence production. The other three are:
    a. the producer's past experience with children. Christopher Sarson, the executive producer of FEELING FREE, was the creator and producer of the children's series ZOOM, which had succeeded without ever using pre-production of formative evaluation;
    b. advice from experts. FEELING FREE enjoyed the input from distinguished local and national advisory panels; and
    c. intuitive impressions. Most production activities are guided by a producer's creativity and spontaneity.
2. Realize that production people will not use formative research results unless they are concise (running only a few pages) and clear (written in layman's, not in researcher's, language).

Storey initially overwhelmed the production team. She would hand them 50 pages of children's responses to segments of FEELING FREE, which the production team would ignore. This refusal to read distressed the project director, Alan J. Brightman, but Storey creatively responded to the producer's needs. She developed what she called "Capsules of Evaluation".

These capsules were succinct interpretations, written in plain language, of the evaluation data. They included children's quotations, similar to those used in Chapter II.B of this report, and they were constructed to reveal the following three categories of children's responses:

a. Entertainment: Do the children show interest in the material? What do they like or dislike?

b. Cognitive: What is the extent to which the television segments increase children's knowledge and understanding of specific disabling conditions? What do they remember from the segments? What new information do they learn? What unintended messages are the children receiving? What questions are elicited as a result of viewing?

c. Affective: What is the extent to which the television segments influence children's expressed attitudes and feelings of acceptance toward disabled peers? Do the segments help children see beyond a disability to the variety of ways in which people are different from, and similar to, one another? What are the values and feelings expressed toward disabled peers?

The response to the capsules was enthusiastic. The production and research staffs would meet after distribution of the capsules to decide what action, if any, was warranted by them. The producers, fascinated by the children's interpretations, or misinterpretations, of their segments, anxiously sought the advice of children via the evaluation process. The researchers, delighted that the producers could profit from their work, had an impact on the visuals and voice-overs. This impact, however, was limited.

3. Realize that producers must ignore research recommendations when production is constrained by money and time.

Storey learned that her interpretations of children's reactions could not change production beyond a certain point. For example, voice-over or visuals could be altered either by deleting ones that did not succeed or by adding already-recorded ones that had not yet been used.

But when Storey's recommendations required recording new voice-overs, or filming new visuals, or finding more children to record and film, they were ignored. Such recommendations were too costly and time-consuming.

4. Realize that research will keep pace with television production only if it anticipates the production's needs.

Any researcher, accustomed to the slow and exacting scientific method, will have to change gears when working with a production crew. Storey quickly discovered that production would continue, unaided by her research, if her research were conducted too slowly. She therefore anticipated production needs.

For example, before a staff meeting was held to decide a preliminary matrix for the shows, Storey would have pre-tested segments in various combinations and recorded the results of her pre-test. This impressed and helped the production crew. Likewise, because she had developed access to a broad range of Boston and suburban schools and summer camps, she could rather effortlessly respond with a sizeable sample of children when the producer asked, "Oh Kim, can you get a bunch of kids by 5:00 tomorrow to see if. . ."

IV.B Substantive

The Workshop on Children's Awareness, and the staff at the Human Policy Press, have considered broadening the theme of difference in any further treatment of disability. For example, we would include under the concept of "different children" those who were obese, adopted, products of a divorced family or a family from a different culture, and -- we suspect this category of child will become increasingly prevalent -- the disabled child who does not speak English but who attends public school.

Conceiving a new set of programs, we think they should flow more naturally than the FEELING FREE series did; they would be more entertaining in the sense of being less tightly packed. The producers of FEELING FREE had to be conscious of time constraints. They therefore infused as much educational value as possible into each half-hour segment, and the final effect was entertaining and educational, but unnecessarily intense. If we were designing a new series, we would give it more room to breathe. We believe that the less a series concentrates its "messages", the more those messages will be retained and understood.

As part of our scheme to give a second series this "breathing room", we would incorporate popular personalities into the programs. We would include a serialized story, acted by professionals, about a disabled child. And we would expand upon the following themes:

Humor: Maybe the last quality one associates with disabilities, humor is a trait we have found repeatedly among groups of disabled and able-bodied children. Sometimes it is subtle, strategically injected as a way of softening tensions, or of breaking the ice. More often, it is just there, like energy, animation, and a part of kids being kids; it crops up in their curiosity, questions and mistakes. We think children clearly signal their respect for the durability of their peers, including those who are "different", by jokes that are more cruel than funny and by spontaneous interactions that inevitably are characterized by conflict and awkwardness as well as by fun.

Teasing: Children talk about teasing all the time, whether they refer to it in relation to victim or victimizer. It's an unfortunate aspect of what people do to one another, but it happens, and it happens to everyone. Indeed, a number of the disabled children we've come to know, are themselves, skilled hurlers or verbal barbs aimed at kids in classrooms, cafeterias and playgrounds

Using words in ways that hurt is a skill that all children seem to master. Some, however, have learned less masterfully how to respond to teasing. We would recommend that teasing, and responses to it, be examined further. Such an examination should focus on adults as well as children who tease.

Questions: From the more than 2,000 children whom we interviewed in the course of our formative evaluation of FEELING FREE, we learned the importance of asking questions. We also learned about the taboos surrounding questions that children want to ask.

We suggest that subsequent programs continue to answer, but especially, to ask, questions. Moments which model the asking,

which indicate the positive consequences of clearing the air and of placing curiosity out in the open, should be captured.

Indecision: Like the resolution of awkwardness, coming to grips with indecision is not something that either children or adults do smoothly. How should I behave? Did I hurt his feelings? What will the teacher think? What should I do about it? These are questions that need to be addressed, although such representation of indecision will cause individual programs to have rough edges caused by the lack of neat resolutions.

Hurt: Future programs about the disabled should show more than hugs and smiles. They should show the physical and emotional pain that naturally results as disabled and able-bodied children bump into one another. Our experience is that there will be more elation than hurt as the understanding of differences unfolds, but injured egos ought to be shown as a part of approach.

Aside from specific multi-media approaches such as those listed above, the Workshop on Children's Awareness would like to suggest that teachers who cope with mainstreaming have access to two invaluable sources of information that need neither audio-visual equipment nor pamphlets and books. These sources are disabled adults from the community. They are the able-bodied and disabled children in a classroom.

Adults will answer questions at no cost. They will charm and fascinate children as Judy, Don, Joe and Bob grabbed the regulars of FEELING FREE.

Likewise, a classroom's regulars, its disabled and able-bodied students, will ask the questions that Hollis, Laurie, John, Gordon and Ginny started to pose in the television series. Given the opportunity, children will ask and answer the kinds of questions which Alan Brightman repeatedly heard:

How does that kid in the wheelchair go to the bathroom?
What do you see when you're blind?
Are deaf people sad?
What does retarded mean?
Can it happen to me?

TO: American Institutes of Research

FROM: UCLA Project for Developmental Disabilities
(Bruce Baker, Ann Hazzard, Richard Brightman)

RE: Program to Evaluate Feeling Free

Phase I Report: Pilot Study of Feeling Free

Appended is the report of a pilot study investigating the impact of a mini-program using several inputs from Feeling Free on children's knowledge of and acceptance of disabled peers. The study was carried out in a marginally integrated (retarded and non-retarded) summer camp.

It appeared that even a few inputs from Feeling Free increased children's knowledge of disabilities. The findings of this pilot study were useful for further development of measures (Phase II) and program evaluation (Phase III).

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Enhancing Typical Children's Acceptance of Retarded Peers Through Social Contact and Media

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Running Head: Enhancing Typical Children's

Abstract

One important but often overlooked goal of mainstreaming is to increase typical children's awareness and acceptance of their retarded peers. The present study, conducted in a summer camp setting, assessed the effects of a media program about disabilities and a brief social activity with retarded children on typical campers' knowledge about retardation, expressed willingness to interact with a retarded child, and actual behavioral interaction. Eighty six non-retarded girls, ages 8-12, were assigned to either: (1) control; (2) social contact; (3) media program or (4) media plus contact conditions. The media program increased campers' knowledge about retardation. Campers in the media plus contact condition but also those in the control condition (who had limited contact with retarded peers) increased most in knowledge and expressed willingness to interact. These findings are discussed in relation to previous studies of social contact between retarded and non-retarded children.

Enhancing Typical Children's Acceptance of Retarded Peers Through Social Contact and Media

The Education for All Handicapped Children Act (PL 94-142) mandates that retarded children receive educational services in the "least restrictive environment." As the legislation is implemented, interested parties across the nation are anticipating the effects of integrating, to the maximum feasible extent, two groups of children who heretofore have had few opportunities to meet.

One often overlooked goal of mainstreaming is to increase typical children's awareness and acceptance of their retarded peers, thereby enhancing the personal development of typical and retarded children alike. However, an abundance of evidence documents the devaluation of the retarded child by non-retarded age-mates (Cook & Wollersheim, 1976; Goodman, Gottlieb, & Harrison, 1972; Strauch, 1970), suggesting that this goal is indeed a formidable one. After interviewing 50 middle-age children about their understanding of retardation, Brightman (1977) concluded that most: a) based their perceptions of individuals labelled retarded on a single referent (either a relative or someone in the neighborhood, not always a peer); b) saw retarded children not as multi-faceted individuals, but as unidimensional persons best characterized by single, typically unfavorable, words such as "helpless," "funny," "sad," or "stupid"; c) perceived no variability among retarded children: "all of them--the retarded--

are alike"; and d) tended to see "retardation" as a generic term for the entire range of disabilities--"they walk funny, talk strange, or don't hear any good."

Given these preconceptions, it is not likely that integration per se will generate more favorable, or factual, impressions. Indeed, considerable evidence suggests that social contact alone may not only fail to promote prosocial attitudes but also may serve to reinforce previously acquired negative stereotypes. For example, Gottlieb, Cohen, and Goldstein (1974) found that typical children in two elementary schools in which retarded children were either partially integrated or in a special class rated "mentally retarded children" significantly more negatively on a semantic differential rating scale than did children attending a school which did not accommodate retarded children at all. Similarly, a sociometric investigation by Gottlieb and Budoff (1973) revealed not only that typical children accept retarded children less frequently and reject them more frequently than they do their non-retarded age-mates, but also that they are more rejecting of partially integrated retarded children than they are of children who spend their day in a special classroom. Although some researchers have concluded that increased social contact does increase expressed acceptance of retarded persons (Peterson, 1974; Sheare, 1974), the bulk of the data (Cook & Wollersheim, 1976; Goodman, Gottlieb, & Harrison, 1972; Gottlieb & Davis, 1973; Gottlieb, Semmel, & Veldman, 1978; Strauch, 1970) suggests that integration alone does not enhance typical children's attitudes toward their retarded peers.

There is, however, some evidence that acceptance is facilitated when integration is accompanied by a structured intervention. In a sociometric investigation conducted by Ballard, Corman, Gottlieb, and Kaufman (1977), 25 integrated retarded children worked in small cooperative groups with non-retarded classmates to plan and produce a multimedia presentation such as a slide show or skit. Following the completion of the eight-week intervention, the non-retarded children's social acceptance increased more toward the experimental retarded children than toward control retarded classmates.

Other educators have attempted to promote typical children's acceptance of disabled age-mates through the use of classroom simulation activities and informative curricula which acquaint children with the special and not so special needs of labelled children (Bookbinder, 1977). Cohen (1977) has collected pilot data on just such a curriculum entitled Accepting Individual Differences, a series of booklets and activities which addresses a broad range of handicapping conditions. After viewing a videotape of a disabled child, a classroom of second-grade children who had participated in the AID curriculum were able to characterize the child in a multidimensional manner, commenting not only on the disability but on other facets of personality and behavior as well. In contrast, the comments of a matched classroom of control children reflected an inability to see beyond the disability.

A potentially more cost-effective approach to preparing typical children for mainstreaming is through the media of

television or film. A number of children's television shows have recently included retarded children in selected segments (e.g. Sesame Street, Zoom), and a more concentrated effort has been made in the series Feeling Free, six television shows developed by the Workshop on Children's Awareness, a division of the American Institutes for Research, for broadcast over PBS and for distribution to school systems. The series invites the viewer to meet the Feeling Free "regulars"--five articulate and engaging children, 12 to 14 years old, who are disabled. Each show includes: 1) a mini-documentary which provides an introduction to the experiences, interests, and insights of one of the series regulars, 2) a mini-documentary introducing a disabled "guest," 3) an informal rap session in which one of the regulars answers the questions of other regulars and friends, disabled and non-disabled, and 4) a segment in which the regulars and friends participate in a group activity. To date there has been no systematic evaluation of the effectiveness of such media programs in changing typical children's awareness of or attitudes and behavior toward disabled peers.

The present study examines the effects of social contact and a brief media input (Feeling Free), alone or combined, on typical children's acceptance of their retarded peers. In most previous studies, acceptance has been assessed by sociometric ratings of specific retarded children or by semantic differential ratings, which reflect global evaluative stereotypes. In this investigation, an effort was made to differentiate and explore the relationships between more specific components of children's

acceptance: their knowledge about retardation, their expressed willingness to engage in activities with a retarded child, and their interactive behavior during an integrated activity.

Method

The study was conducted during two one-week sessions at a summer camp in Southern California. During each session, approximately 100 non-retarded girls and 15 retarded girls and boys attended the camp. Those non-retarded campers participating in the study were assigned to one of four treatment conditions: 1) Control, 2) Social Contact, 3) Media Input, and 4) Media Input and Social Contact. A pre-post questionnaire provided measures of subjects' knowledge about retardation and their expressed willingness to interact with a retarded peer. During Week 2, the interactive behavior of subjects in Conditions 2 and 4 was assessed during the integrated activity which constituted the social contact intervention.

Subjects

The non-retarded participants in the study were 86 girls, ranging in age from 8 to 12. Specific information on the campers' ethnic and socioeconomic backgrounds was not available, but the sample included approximately equal numbers of Black, Hispanic, and Caucasian girls, from lower and middle-class families.

The retarded participants in the study, from whom no data were collected, included 9 boys and 13 girls, ranging in age from 8 to 17. The sample included Black, Hispanic, and Caucasian children who were moderately to mildly retarded.

Procedure

The study included all campers from two one-week sessions who had been assigned by the camp staff to either of two bunkhouse units: Unit A (ages 8 through 11) and Unit B (ages 10 through 12). During Week 1, campers in Unit A were randomly assigned to either Condition 1 (Control) or 2 (Social Contact) while the Unit B campers were randomly assigned to Condition 3 (Media Input) or Condition 4 (Media Input and Social Contact). During Week 2 the unit assignments were reversed so that unit (and thus age) was counterbalanced across treatment conditions. Each week there were approximately 10 subjects in each condition.

Essentially identical experimental procedures were followed during Weeks 1 and 2. Camp counselors, who were trained by the experimenters, administered the pre and post-intervention questionnaires to all participants on the first and fifth days of the camp session respectively. Questionnaires were administered in groups of about ten girls: the instructions, which encouraged subjects to respond honestly, and the questionnaire items were read by a counselor and the subjects circled their answers on answer sheets. Counselors also implemented the specific interventions associated with each treatment condition.

Condition 1: Control (n=20). Subjects in Condition 1 received neither the social contact nor the media input intervention, but did come into limited contact with the retarded campers as part of the normal camp routine. Although the retarded campers lived in a separate area of the camp, all non-retarded campers interfaced with them approximately five

times per session at all-camp chapel services, campfires, and selected meals.

Condition 2: Social Contact (n=22). Subjects in Condition 2 participated in a social activity with 5 to 6 retarded children on the fourth day of each session. The activity was also attended by 3 to 5 counselors who supervised the activity and two observers who coded the interaction (during Week 2). The first half-hour of the activity consisted of structured group games (e.g. dodge ball, parachute toss) which were designed to break the ice. The second half-hour consisted of an unstructured "disco dance."

Condition 3: Media Input (n=23). Subjects in Condition 3 watched two half-hour videotaped Feeling Free shows (one of which included a mini-documentary about Brian, who is retarded) on the second and third days of camp. After each segment, the campers participated in 15-minute discussions led by counselors who were provided with a discussion guide, Feeling Free: An Invitation to Teachers (Brightman, Storey, and Richman, 1978). Counselors also read Like Me (Brightman, 1976) to the campers. Like Me is a book of color photographs and verse which introduces the reader to children who are labelled retarded and discusses the notion of similarities among children who have been traditionally thought of only as different.

Condition 4: Media Input and Social Contact (n=21). Subjects in Condition 4 received both the media input and then the social contact activity as described above.

Measures

Knowledge Scale. The Knowledge Scale contained 7 true and 7 false statements about retarded children, to which subjects were instructed to respond "yes," "no," or "not sure." For example, a false item was "Most retarded kids can't do anything for themselves." A true item was "All retarded kids have trouble learning." Each item was scored 0 (incorrect), 1 (not sure), or 2 (correct). Item scores were summed for each subject to produce a total Knowledge score which could range from 0 to 28. The Spearman-Brown corrected split-half reliability for the scale was .72; test-retest reliability, computed for the control subjects,was .58.

Social Distance Scale. The 12-item Social Distance Scale provided a measure of children's expressed willingness to interact with retarded peers. The scale contained items such as "Would it be okay with you if a retarded kid ate at your table in the cafeteria?" for which the subject was instructed to circle "yes," "no," or "not sure." The items represented activities varying in their degree of intimacy, from "went to your school" to "came to your birthday party." Each item was scored either 0 (no), 1 (not sure), or 2 (yes). Item scores were summed for each subject to produce a total Social Distance score which could range from 0 to 24. The Spearman-Brown corrected split-half reliability for the scale was .81; test-retest reliability was .76.

Interaction with Retarded Peers. During the second week of the study, interactions between retarded campers and those non-

retarded campers in the social contact conditions were coded during 25 minutes of the unstructured dance. For each 5 minute interval, a record was kept of the retarded campers with whom each girl interacted (talked or danced). This procedure produced two scores for each non-retarded camper: 1) a score (0-6) indicating the number of different retarded campers she interacted with (range of interaction), and 2) a score (0-5) indicating how many time intervals during which she interacted with at least one retarded peer (frequency of interaction). Only one observer coded each child, so that although this seemed to be a straightforward observational system, inter-observer reliability could not be determined. Thus, results derived from this measure must be regarded as tentative.

Results

Treatment Effects on Questionnaire Measures

Despite random assignment of subjects, there were significant pretest differences between experimental conditions. Therefore, analyses of covariance were performed on the Knowledge and Social Distance Scales.[1] For each 2 x 2 analysis, the scale post-test was the dependent measure, the respective scale pretest was the covariate, and the independent variables were Social Contact (absent, present) and Media Input (absent, present). The adjusted post-test means for the attitude scales are presented in Table 1, along with pre-post change raw scores.

Insert Table 1 about here

On the Knowledge Scale there was a significant main effect for Media (F (1, 81) = 5.70, $p < .02$), though not for Contact. Subjects who received media input (Conditions 3 and 4) obtained a higher mean knowledge post-score than subjects who did not receive media input (Conditions 1 and 2). The Media x Contact interaction was also significant (F (1, 81) = 8.75, $p < .004$).

On the Social Distance Scale, neither main effect reached significance, but the Media x Contact interaction was significant (F (1, 81) = 7.72, $p < .007$). As indicated in Table 1, the significant interactions for both scales reflect the greater gains manifested in the Control and Media + Contact conditions, as compared to the limited change in Media or Contact conditions alone.

Treatment Effects on Behavioral Measures

The range and frequency of interactions during the social contact phase correlated very highly (r=.95) and produced almost identical results; hence only the frequency results are reported here. Campers who had previously experienced the media input (Condition 4) interacted with retarded peers twice as much as campers with no prior media input (Condition 2) ($\bar{X}$=1.50 vs $\bar{X}$=0.73). This difference, however, was not statistically significant (t = 1.10 , 21 df, p = .14 one-tailed).

Relationships Among Measures

The Knowledge and Social Distance Scales were moderately correlated at pre- (r=.26) and post-administration (r=.41). These modest correlations are congruent with the notion that these two scales may measure related, but not identical, components of children's acceptance.

Correlations were also computed between the pre, post, and change scores on the questionnaire scales and the frequency of behavioral interaction with retarded peers. As shown in Table 2, pre-knowledge was positively correlated with subsequent behavioral interaction (r=.37). In addition, the frequency of behavioral interaction was positively related to the post-level (r=.37) and change (r=.57) in desired social distance.

Insert Table 2 about here

Discussion

The present study examined how media input and social contact, alone and combined, affected typical children's attitudes and behavior toward retarded peers. The findings, while far from definitive, compliment and extend those of previous investigations.

The brief media input used in this study led to a significant increase in typical children's knowledge about retardation but did not affect their expressed willingness to interact with retarded age-mates. However, there was a tendency, albeit nonsignificant, for children who received prior media input to interact more with retarded children in the unstructured dance situation than children who did not receive media input. The effect of the media input on actual behavior in a social situation was only studied with a sub-sample of children and one observer and certainly warrants further study.

The social contact intervention produced no significant main effects on typical children's knowledge about retardation or their expressed willingness to interact with retarded age-mates. This finding is compatible with previous research results which suggest that integration alone does not enhance typical children's acceptance of retarded classmates.

The strongest and the most curious result of this investigation is the significant Media x Contact interaction found for both the Knowledge and Social Distance scales. Although the data from Weeks 1 and 2 were presented in combined form, this interaction was replicated when data from Weeks 1 and 2 were analyzed separately. Subjects in Condition 1 (Control) and 4 (Media + Contact) had higher mean scores on both scales than did subjects in Condition 2 (Contact) or 3 (Media). The difficulty is in accounting for the control subjects' considerable increase in acceptance, comparable to subjects who received both inputs. A partial explanation may be that the pretest served to sensitize all subjects to the retarded campers and to increase the situational demand to express more positive attitudes. In retrospect, a post-test only or Solomon four-group design might have been preferable for these reasons. The combination of situational demand characteristics and the limited exposure of control subjects to retarded campers, which may have served to counter some myths or assuage some anxieties, seems to be the most likely explanation of the control group's increase on the scales. In contrast, the more intimate contact with retarded peers provided to the Contact subjects

directly, and to the Media subjects vicariously, apparently suppressed this "honeymoon-like" increase in acceptance. This finding is congruent with research demonstrating that integrated or partially-integrated retarded children are less accepted than retarded children in more distant special classes (Goodman et al., 1972; Gottlieb and Budoff, 1973). However, our investigation suggests that when integrated social contact is preceded by an informative and pro-acceptance media input (Condition 4), positive changes in knowledge and acceptance result. Whether these increases are qualitatively different from changes in the minimal contact controls remains a question to be explored further.

Given the limitations of the behavioral data, it would be premature to draw any firm conclusions regarding the relationships among the behavioral and questionnaire measures of children's acceptance. The correlational data do raise a number of interesting questions, however, which warrant future examination. For example, does increasing a child's knowledge about retardation increase the likelihood that she will interact more often or in a different way with a retarded peer? The positive correlation between pre-knowledge and interaction frequency in the present study is congruent with this notion. One might also ask if a child who interacts with retarded peers will express greater willingness to interact with retarded peers in the future. The positive correlation between interaction frequency and change in desired social distance in this study would support such a hypothesis.

The generalizability of this study's results may be limited by a number of factors which may affect children's attitudes and behavior toward retarded peers. Goodman et al. (1972) investigated elementary-age children's acceptance of retarded age-mates and found that girls were more accepting than boys and that younger children were more accepting than older children; thus, the effects of social contact and media input on children's acceptance may vary depending on the sex and age of the typical children. Attributes of the retarded child, such as the amount of appropriate or aggressive behavior evidenced and the presence of physical stigma, also seem to affect the degree to which that child or his/her referent group is accepted (Gottlieb et al., 1978; Siperstein and Gottlieb, 1977). Finally, the nature of an integrated social situation may determine the effect of that experience on typical children's acceptance. For example, Gottlieb (1971) found that typical Norwegian children rated hypothetical retarded children at play more positively than retarded children at work. Social contact in the present investigation occurred in the context of a one-hour play situation which was structured so as to maximize the capabilities and thus the acceptability of the retarded children: integrated social contact in a more extended, less-structured, or more academic situation might not produce comparable effects. Thus, investigation of the effects of social contact and media input on typical children's acceptance of retarded peers <u>in a classroom situation</u> would seem critical given the movement toward educational mainstreaming. A final limitation of the

present investigation is that only short-term attitude change was measured; evaluation of the long-term attitudinal and behavioral effects of interventions designed to promote typical children's acceptance of retarded peers is needed.

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Footnotes

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The authors wish to thank Jill Mooney and the staff and campers of Camp Mariastella for their participation in this research.

[1]There were high pre-post correlations on each scale (r=.50 for Knowledge; r=.66 for Social Distance), confirming the appropriateness of the ANCOVA procedure.

Table 1

Adjusted Post-Test Means and Change Scores

on Questionnaire Measures

	Condition			
Scale	1 (Control)	2 (Contact)	3 (Media)	4 (Media & Contact)
Knowledge	21.7	20.0	21.4	23.1
(Range: 0-28)	(2.05)	(0.03)	(2.25)	(3.34)
Social Distance	19.6	17.5	16.8	18.8
(Range: 0-24)	(1.22)	(0.50)	(0.0)	(1.70)

Note: Numbers in parentheses are pre-post change scores.

Table 2

Correlation of Questionnaire Scores with Frequency of Behavioral Interaction with Retarded Peers

	Attitude Scale	
Score	Knowledge	Social Distance
Pre	.37*	-.17
Post	.39*	.37*
Change	.00	.57**

*p < .05

**p < .01

TO: American Institutes of Research

FROM: UCLA Project for Developmental Disabilities
(Bruce Baker, Ann Hazzard, Richard Brightman)

RE: Program to Evaluate Feeling Free

Phase II Report: Development and Standardization of Measures

Two questionnaire measures were developed to assess non-disabled children's knowledge of and acceptance of their disabled peers. Each measure was administered by reading the items aloud to a classroom and having children respond on answer sheets. A pool of items for each measure was developed and the measures were pre-tested with large groups of elementary school children, in school and camp settings. From this pre-testing, two measures were developed for use in evaluating the impact of the Feeling Free program. The two finalized measures are described briefly below and copies of each are appended.

Knowledge Scale ("What I Think")

This 25-item true-false scale (10 true, 15 false items) assesses the degree to which a child holds accurate beliefs concerning disabled persons' capabilities and characteristics. The questionnaire taps children's knowledge concerning blind persons, deaf persons, persons in a wheelchair or on crutches, retarded persons, and disabled persons in general. The questionnaire was derived from an original pool of 50 items, piloted with 202 children in grades 3-6. Items with an adequate distribution of responses and an item-total correlation of r=.20 or better were retained for the final version of the scale.

Social Distance Scale ("At School and at Home")

This 10-item scale assesses a child's acknowledged willingness to interact with a disabled peer in a range of situations varying in their degree of intimacy. All questions are phrased in terms of "handicapped kids" in general. A sample item is "It would be OK if a handicapped kid was in my art and music class," to which the child may respond "yes," "maybe," or "no." This measure was derived from an original pool of 14 items, piloted with 90 children grades 3-6. All items retained in the final version correlated r=.45 or better with the total scale score.

Questionnaire About Handicapped Persons

Instructions for Administration

I. Cover Sheet

Instruct the children to write their:

a. Initials (first letter of first name, first letter of last name)

b. Age (in years)

c. Birthday (month and day; year if known)

d. Sex (boy or girl)

e. Teacher's name

III. What I Think. (Knowledge Scale)

Look at the sheet called What I Think. Remember that a handicapped person is someone who is blind, deaf, retarded, or uses crutches or a wheelchair. I will read you sentences and for each sentence you will circle "YES" if you think the sentence is true, "NO" if you think the sentence is false, and "NOT SURE" if you are not sure if it is true or not. For practice, look at question A. on your answer sheet. The practice question is: It takes a kid in a wheelchair longer to learn to read than other kids. Circle "YES" if you think that is true, "NO" if you think that is false, and "NOT SURE" if you are not sure if it is true or not. Has everyone marked an answer? Are there any questions before we begin?

Listen carefully and mark what you really think. If you want me to repeat a question, raise your hand and ask me.

1. Most handicapped kids worry a lot.

2. Most handicapped kids have to do jobs at home, like taking out the garbage.

3. Parents of handicapped kids don't usually let them go outside by themselves.

4. Blind kids need help with just about everything that they do.

5. Most retarded kids can learn to ride a bike.

6. Handicapped kids don't have many friends.

7. Handicapped kids can play sports with other kids.

8. Deaf kids have a lot of trouble learning math.

9. A person in a wheelchair could be a doctor or a teacher.

10. All handicapped people were born that way.

11. Kids who have handicaps are sad most of the time.

12. A blind kid can go places by himself.

13. Handicapped kids usually have brothers or sisters who are not handicapped.

14. Most handicaps go away or get better when kids grow up.

15. Most retarded kids cannot talk.

16. A person in a wheelchair or on crutches usually stays close to home.

17. It is harder for a blind person to get around than for someone who can see.

18. Handicapped kids are more polite and well-behaved than other kids.

19. A handicapped person can help other people.

20. You can catch many handicaps by being too close to handicapped kids.

21. Deaf kids do not speak as clearly as other kids.

22. Handicapped people often act very different than other people.

23. Handicapped kids want people to give them special treatment.

24. Most retarded kids look funny.

25. Most handicapped kids could go to school with kids who are not handicapped.

IV. At School and At Home (Social Distance Scale)

Look at the sheet called At School and At Home. I am going to read you some sentences about what you might or might not do with a handicapped kid. For each sentence you will circle "NO", "MAYBE NO", "MAYBE YES", or "YES". For practice, look at question A on your answer sheet. The practice question is: It would be okay with me if a handicapped kid was on my softball team. Circle "NO", "MAYBE NO", "MAYBE YES", or "YES". Has everyone marked an answer? Are there any questions before we begin? On this questionnaire, sometimes kids answer the way they think we want them to answer. We don't want you to do that. It is very important to mark what you really think.

1. It would be okay if a handicapped kid was in my art and music class.
2. It would be okay if a handicapped kid slept over at my house.
3. It would be okay if a handicapped kid borrowed my bike.
4. It would be okay if a handicapped kid went to my school.
5. It would be okay if a handicapped kid was in my favorite club.
6. It would be okay if a handicapped kid ate at my table in the cafeteria.
7. It would be okay if a handicapped kid was invited to my birthday party.
8. It would be okay if a handicapped kid ate lunch at my house.
9. It would be okay if a handicapped kid sat next to me in class.
10. It would be okay if a handicapped kid went to the movies with me.

For 5th and 6th grade subjects:

Now, at the bottom of your answer sheet, write down who you were thinking of when you answered these last 10 questions. You may write down a person's name or the name of a handicap. You may write down more than one thing. Write down whoever you were thinking of when you answered the questions.

TO: American Institutes of Research

FROM: UCLA Project for Developmental Disabilities
(Bruce Baker, Ann Hazzard, Richard Brightman)

RE: Program to Evaluate Feeling Free

Phase III Report: Assessment of the Impact of Feeling Free

A discussion among educators, parents, and social scientists concerning the wisdom of mainstreaming disabled children into the regular school system is likely to provoke a heated exchange of differing opinions. Most persons would agree, however, that non-disabled children must become more accepting of disabled children if mainstreaming is to succeed, and furthermore, that such acceptance may not be engendered by simply increasing the amount of contact between non-disabled and disabled children. We conducted a large-scale evaluation of a multi-media curriculum, entitled Feeling Free, which was designed to increase children's knowledge about and acceptance of disabled peers prior to mainstreaming. This report is a summary of procedures and major findings.

The Feeling Free evaluation was conducted in two schools in the Los Angeles Unified School District. About 60% of the children at each school were Caucasian and about 40% were minority children (primarily Black with some Chicano and Oriental children) who were participating in a voluntary busing program. Neither school had any visibly physically disabled children mainstreamed into regular classrooms, although one school did contain two special classrooms serving primarily learning disabled children.

In each school, two classes each from grades 3 through 6 were involved in the study (n=16 classes). In each school, one class from each grade level was randomly assigned to the treatment condition while the other became a control classroom. Thus, there were eight treatment classes (two from each grade level) and eight control classes.

Treatment classes participated in a six-session curriculum oriented around the Feeling Free materials which were developed by the Workshop on Children's Awareness and are currently marketed by Scholastic Book Services. The 45-minute sessions were conducted once a week by a trained undergraduate or graduate student with generally minimal participation by the classroom teacher. Each session consisted of:

1) A 15-minute Feeling Free film centering around one disabled child. The series "stars" five articulate and engaging children, 12 to 14 years old, who have a variety of disabling conditions (blindness, deafness, cerebral palsy, learning disability, dwarfism).

2) A discussion around a relevant theme such as helping or teasing.

3) A classroom activity such as learning sign language or simulating blindness.

4) A Feeling Free book left in the classroom for the children to read in their free time.

Two measures, the 25-item Knowledge Scale (range=0 to 50) and the 10-item Social Distance Scale (range=0 to 30), were administered to children in treatment and control classrooms pre-intervention, post-intervention, and at a one-month follow-up. Measures were administered orally to each classroom by a staff member who was not involved in treatment and children responded on answer sheets. Complete pre, post, and follow-up data were obtained from 325 subjects in the 16 classrooms. In addition, eight randomly-selected subjects from each classroom (n=124[1]) completed a Feeling Free Evaluation, which was administered individually.

The results from the Knowledge and Social Distance scales are presented in Figure 1. Participation in the Feeling Free curriculum increased children's knowledge about disabilities at post-testing and knowledge gains were maintained at follow-up. Feeling Free did not enhance children's acceptance of disabled peers as measured by the Social Distance scale: both treatment and control children slightly decreased in acceptance from pre-assessment to follow-up.

Children in the treatment condition evaluated the Feeling Free curriculum very positively: 75.4% of the children surveyed said they liked the curriculum "very much" (i.e. rated the program "5" on a 5-point scale) and 93.4% said "pretty much" or "very much" (4 or 5). Children were also asked which parts of the curriculum they liked "best" and "second best." The following ranking of activities was obtained: 1) films, 2) classroom activities, 3) classroom discussion, and 4) books.

Children were further asked to evaluate which films they liked best. The film preferences varied somewhat for boys and girls, as shown in Table 1. Although both sexes rated the Ginny film as most liked, girls rated Laurie second and John last, while boys rated these in the reverse order (John second, Laurie last).

In summary, the Feeling Free curriculum was generally enjoyed by the children who participated in the program and was effective in increasing their knowledge about disabled persons. The curriculum did not, however, enhance children's social distance ratings. Two hypotheses might account for this finding. First, the Social

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[1]In one class, only four subjects completed the Feeling Free Evaluation.

Distance Scale is highly susceptible to social desirability effects. During the Feeling Free program, children were actively encouraged to voice all opinions and questions about disabled persons, including negative ones. As a result, treatment children may have responded more honestly on post and follow-up measures: any "real" gain in acceptance may have been offset by a decrease in their social desirability response bias from pre-testing. Future studies could include an independent measure of social desirability response bias so that the effect of this factor could be empirically evaluated.

A second hypothesis is that Feeling Free was genuinely not effective in increasing children's acceptance of disabled peers as measured by the Social Distance Scale. It may well be, as some theorists have suggested, that media programs alone do not generally impact on children's affective responses toward disabled persons: media plus more intimate, prolonged contact may be the best way to promote more positive attitudes. A comparison of the acceptance accorded newly-mainstreamed children in classrooms which had previously participated in the Feeling Free curriculum vs. classrooms which had not would be an excellent, externally-valid test of this model. A disability-related curriculum such as Feeling Free may be a necessary but not sufficient intervention in terms of fostering acceptance of disabled peers.

Figure 1. Means of Treatment and Control Classrooms on Knowledge and Social Distance Scales

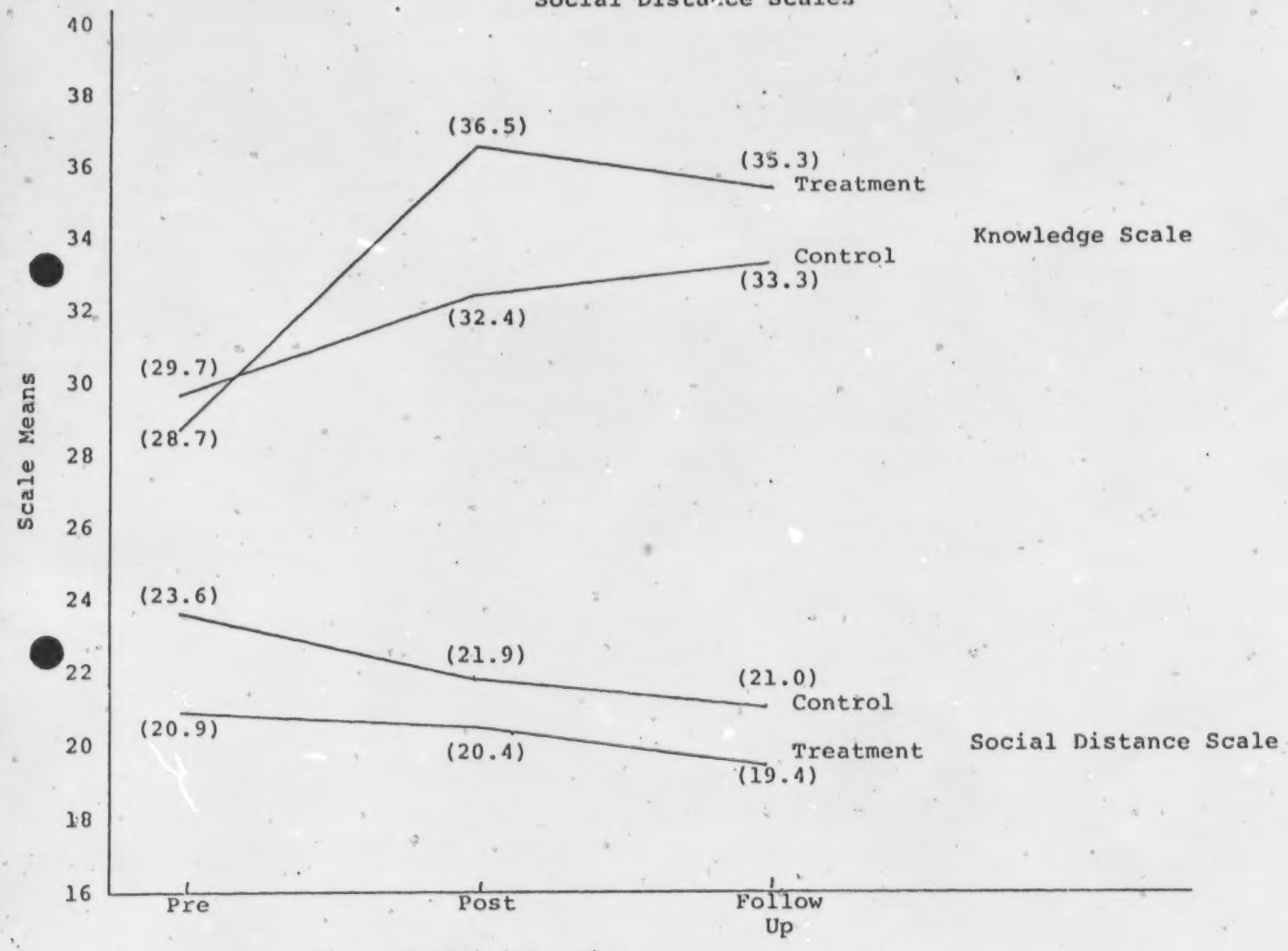


Table 1

Children's (n=124) Ranking of How Much They Liked *Feeling Free* Films

	Girls	Boys
Most Liked =	1) Ginny	1) Ginny
	2) Laurie	2) John
	3) Growing Up	3) Growing Up
	4) Hollis	4) Hollis
	5) Gordon	5) Gordon
	6) John	6) Laurie

TO: American Institutes of Research

FROM: UCLA Project for Developmental Disabilities
(Bruce Baker, Ann Hazzard, Richard Brightman)

RE: Program to Evaluate Feeling Free

Phase IV: Evaluation of Variables Related to Children's Responsiveness to Feeling Free

Our program of research on Feeling Free to date pilot tested a curriculum and possible measures (Phase I), developed questionnaires to assess knowledge of and attitudes toward disabled children (Phase II) and assessed the impact of an elementary school program centered around the Feeling Free films (Phase III). It is apparent from the pilot study and a large parametric study with elementary school children that the Feeling Free program, combined with exercises and discussions, enhances children's knowledge about disabilities. It is also apparent that elementary school children enjoy watching the films and participating in related activities; they evaluate the program quite highly. It is less apparent that the program impacts on children's acceptance of disabled peers; indeed, in both the pilot study and the larger study, the social distance non-disabled children wished to maintain from disabled children remained basically unchanged on our questionnaire measure following the program.

Phase IV included research efforts aimed at furthering our understanding of non-disabled children's attitudes and the impact of Feeling Free-related programming. We undertook three types of activities. First, we developed several additional measures in an effort to assess gains from the program that might not appear on standard attitude questionnaires. These measures are described below. Second, we studied variables related to children's attitudes and to changes in attitudes; of primary interest were childrens' age, sex and prior experience with disabled persons. These findings are reported below. Thirdly, we studied several curriculum variations, in an attempt to identify program components that contribute toward its successful modification of knowledge. The findings of one comparison and the description of another, currently underway, are reported below.

Four innovative measures tapping various dimensions of children's attitudes toward disabled persons were developed and piloted with subsamples of control and treatment children. The measures are described briefly below and appended to this report.

For the Perception of a Disabled Person Measure, children were assessed individually and asked to tell a story into a tape recorder. The story was to concern two friends (of the same sex as the child), one of whom is disabled. Stories were coded along the following dimensions: 1) acknowledgement of the disability, 2) potency of the disabled child, 3) multi-dimensionality of the disabled child, 4) negative aspects of the disability, 5) positive interaction with the disabled child, and 6) negative interaction with the disabled child.

The Behavioral Vignettes Measure was administered to same-sexed groups of three children. Children were presented with five tape-recorded hypothetical situations involving a disabled child and asked to discuss their solutions to the presented dilemmas. Discussions were taped and coded in terms of response appropriateness.

The Behavioral Intention to Interact (Exchange Program) Questionnaire assessed children's acknowledged willingness to interact with three groups of peers--retarded children, physically handicapped children, and foreign children (who served as a control group). Children were informed that their school might initiate an exchange program with some other classes. For each of the three classes, children indicated their willingness to participate in the exchange program and how long they wanted the program to last (from 1 to 10 weeks).

Finally, the Affective Measure assessed children's emotional responses to disabled peers. Children rated their agreement with a series of twenty statements which expressed a range of disability-related affective responses such as fear, embarrassment, concern, nervousness, sadness, and pity.

A second line of investigation has concerned variables (sex, age, previous experience with disabled peers) which are related to children's attitudes and attitude change. The results of the analysis of pre-data from 367 children (grades 3 through 6) are presented in Figure 1.

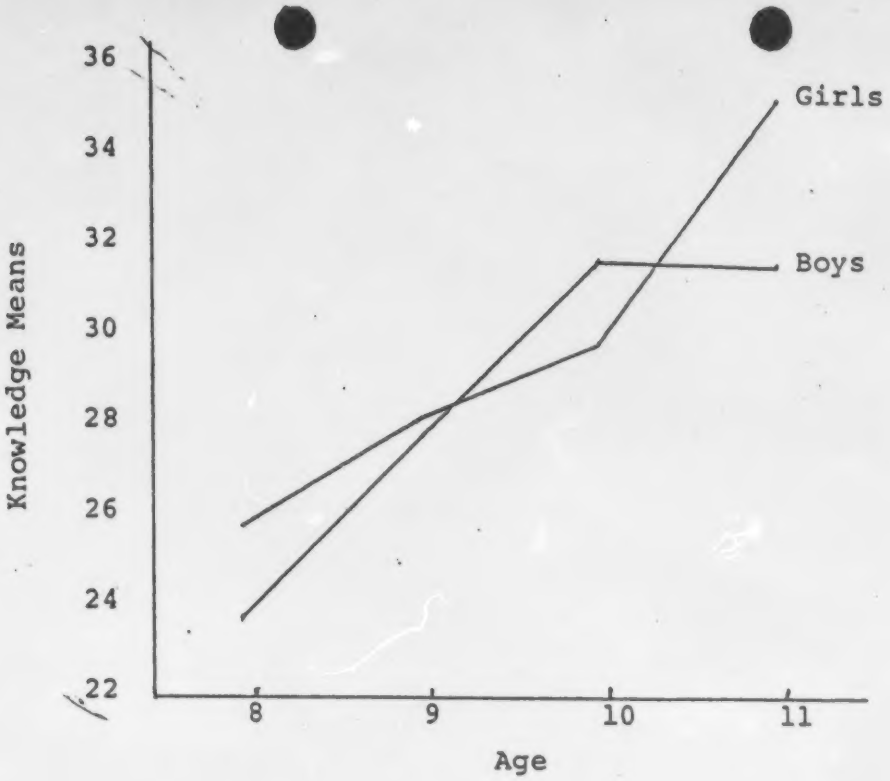
On the Knowledge Scale, children's previous experience with disabled peers (measure is appended) was not significantly correlated ($r=-.03$, $p=.23$) with their knowledge scores. In the analysis of age and sex effects, age was highly significant ($F=26.0$, $p=.0001$), with older children being more knowledgeable than younger children.

On the Social Distance Scale, children's previous experience was moderately correlated ($r=.19$, $p=.00$) with their attitudes. Sex was highly significant, with girls responding in a more accepting manner than boys ($F=15.4$, $p=.0001$).

These results may help to clarify the confusing empirical literature concerning disability-related attitudes, in which effects of age, sex, or previous experience are inconsistently reported. The dependent measures used by most researchers vary, with some measures (e.g., the widely-used ATDP) confounding informational and attitudinal components. It appears that children's disability-related knowledge increases with age whereas more affectively-based attitudes are more related to experiential factors and sex. Analyses of how the factors of age, sex, and previous experience interact with attitude change are currently underway.

Finally, two studies comparing various program components have been conducted. In the first study, four classes receiving the standard Feeling Free curriculum were compared with four classes who participated in the curriculum and in addition were visited for a half-hour by a blind woman and her guide dog. Although it was hypothesized that a visit from a disabled guest might have particular impact on children's affective attitudes, preliminary analyses do not reveal differences between the two groups. It should be noted, however, that on their Feeling Free Evaluations, children who were visited rated the disabled guest as their favorite program component, above the films and other activities. Thus, while the impact of this intervention has not been empirically validated, it was perceived by children as enjoyable and educational. Future similar investigations may need to utilize more prolonged contact and more sensitive measures in order to more fully evaluate the efficacy of contact in the context of a media intervention.

The second program components study contrasted three classrooms which received the standard Feeling Free curriculum with three classrooms who watched the Feeling Free films only. Analysis of the results of this comparison is currently underway and should provide useful information concerning the efficacy of the potentially cost-effective films-only intervention.



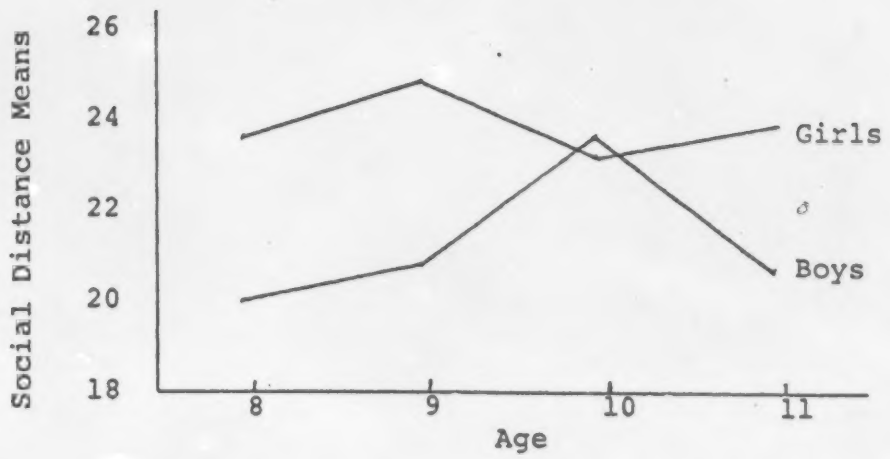


Figure 1. Girls' and Boys' Knowledge and Social Distance Scores from Ages 8 to 11

PERCEPTION OF A DISABLED PERSON MEASURE
FORM B

This measure is administered individually. First, turn the tape recorder on and announce "THIS IS SUBJECT NUMBER ___ FROM CLASSROOM NUMBER ___". (This information is contained on your class list).

Then turn the tape recorder off and say the following "I'M GOING TO TELL YOU THE BEGINNINGS TO TWO STORIES AND I'D LIKE YOU TO FINISH EACH STORY. THE FIRST STORY IS ABOUT FRED, WHO IS A BOY ABOUT YOUR AGE WHO LIVES IN LOS ANGELES. ONE DAY WHILE HE IS WALKING IN AN ALLEY BEHIND HIS HOUSE HE SEES A DOG HUDDLED BEHIND A TRASH CAN. THE DOG LOOKS VERY SKINNY, TIRED, AND DIRTY. PLEASE MAKE UP AN END TO THIS STORY. MAKE THE STORY AS INTERESTING AS YOU CAN."

Turn the recorder on and leave it on for the rest of the session. Following the child's story, say, "GREAT. NOW I'D LIKE YOU TO TELL A STORY ABOUT THESE TWO BOYS. (Place pictures on the table). THESE BOYS ARE ABOUT SIX YEARS OLD AND THEY ARE FRIENDS. THIS IS SAM AND THIS IS CHARLIE. AS YOU'VE PROBABLY NOTICED, CHARLIE HAS LEG BRACES. I WANT YOU TO MAKE UP A STORY ABOUT HOW SAM AND CHARLIE GOT TO KNOW EACH OTHER OR ABOUT AN INTERESTING EXPERIENCE SAM AND CHARLIE HAD TOGETHER, OR WHATEVER YOU WANT. I'M GOING TO READ OVER HERE WHILE YOU TELL THE STORY . BEGIN WHENEVER YOU'RE READY AND LET ME KNOW WHEN YOU'RE DONE WITH YOUR STORY."

Turn the recorder off when the child has finished his second story.

Behavioral Vignettes Measure (Form B)

Instructions

This measure is administered to a group of 3 boys. One tape recorder is on throughout the session, recording the children's answers. Recorded on a tape in another recorder are the vignettes to which the children will respond; the children will turn this recorder on and off between each vignette.

Turn the first tape recorder on and say, "THESE ARE SUBJECT NUMBERS _____, _____, AND _____. THEY ARE IN CLASSROOM NUMBER _____." (This information is listed on your class list.) Leave this recorder on and place it out of the children's reach.

Then show the children how to turn the second recorder on and off. Tell them, "THERE WILL BE 6 STORIES ON THE TAPE. YOU ARE TO STOP THE TAPE AFTER EACH STORY AND ANSWER THE QUESTION THAT IS ASKED. EVERYONE SHOULD EXPRESS THEIR IDEAS. ON A FEW STORIES YOU MAY DISAGREE AND YOU SHOULD SEE IF YOU CAN DECIDE ON WHAT IS THE BEST IDEA."

Have the children turn on the recorder for the first item.

1. (Warm-up)

YOU AND YOUR LITTLE BROTHER USUALLY WATCH TV AFTER DINNER. MOST TIMES YOU BOTH LIKE TO WATCH THE SAME SHOWS. ONE NIGHT YOU REALLY WANT TO WATCH A PARTICULAR SHOW BUT YOUR BROTHER REALLY WANTS TO WATCH ANOTHER SHOW ON A DIFFERENT CHANNEL. YOU ARGUE WITH EACH OTHER BUT NEITHER ONE OF YOU WANTS TO GIVE IN. WHAT WOULD YOU DO?

Have the children turn off the recorder. Following their discussion, tell them, "GREAT. NOW DO THE SAME THING FOR THE NEXT FIVE QUESTIONS. REMEMBER, EVERYONE SHOULD EXPRESS THEIR IDEAS. IF YOU HAVE DIFFERENT IDEAS, SEE IF YOU CAN DECIDE ON WHAT IS THE BEST IDEA."

Leave the picture which accompanies the next item on the table. Tell the children that you will be nearby reading and that they should call you when they are finished.

2. (Question-asking)

HERE IS A PICTURE OF CHARLIE. HE'S ABOUT 6 YEARS OLD AND AS YOU MIGHT HAVE NOTICED, IS WEARING LEG BRACES. IMAGINE THAT CHARLIE IS MOVING TO LOS ANGELES AND IS GOING TO BE IN YOUR NEIGHBORHOOD. WHAT ARE SOME QUESTIONS YOU WOULD LIKE TO ASK CHARLIE AS YOU GET TO KNOW HIM? THINK OF AS MANY QUESTIONS AS YOU CAN.

3. (Inclusion and accommodation)

RICH, A KID IN YOUR NEIGHBORHOOD, HAS CEREBRAL PALSY. EVERY SATURDAY MANY OF THE NEIGHBORHOOD KIDS PLAY SOFTBALL AND RICH USUALLY SITS AND WATCHES. YOU'VE SEEN HIM PLAY CATCH WITH HIS DAD AND HE DOES OKAY BUT HE CAN'T RUN VERY WELL AT ALL. WHAT WOULD YOU DO?

4. (Helping)

YOU ARE HURRYING DOWN THE HALL TO GET TO CLASS ON TIME AND YOU SEE BOB, A BOY IN ANOTHER CLASS, WHO IS DEAF. A NEW TEACHER IS ASKING BOB WHY HE DOESN'T HAVE A HALL PASS. BOB LOOKS CONFUSED. WHAT WOULD YOU DO?

5. (Teasing)

YOUR CLASS AND THE SPECIAL CLASS ARE ON THE PLAYGROUND AT THE SAME TIME. ONE OF YOUR FRIENDS STARTS MAKING FACES AND IMITATING ONE OF THE RETARDED KIDS, WHO CANNOT THROW THE BALL VERY WELL. YOUR CLASSMATES START LAUGHING, ENJOYING THE SHOW YOUR FRIEND IS PUTTING ON. WHAT WOULD YOU DO?

6. (Equal treatment)

STEVE IS BLIND IN ONE EYE AND WEARS VERY THICK GLASSES. ONE DAY HE WANTS TO HOLD THE CLASS HAMSTER WHICH YOU JUST STARTED PLAYING WITH. HE SAYS "GIVE ME THAT HAMSTER. I WANT IT." WHAT WOULD YOU DO AND WHY?

Exchange Program Questionnaire
(Intention to Interact Measure)
Form A

Note:

This measure is administered to a group of 3 same-sexed children. Make sure you are administering the correct form. Put the children at separate desks before you begin to discourage any collaboration or talking. Then have the children write their initials, sex, and teacher's name on the cover sheet. The children should not turn the page until you instruct them to do so. If during the course of administering the questionnaire, the children ask, "Is the exchange program really happening?", you should respond, "Something like the exchange program could happen in your school. But for now I'd like you just to pretend that it is happening."

Instructions:

I'd like you to pretend that _____ School is starting an exchange program with another school. In the exchange program, kids from a class in another school would come to _____ School once a week for an hour. During the hour, kids from both schools would work together in small groups on a project--it might be building a model or an arts and crafts project together or planning a skit or music show together.

There are 3 different classes which might participate in the exchange program--a class of kids who are retarded, a class of foreign kids who can't speak English too well, and a class of kids with physical handicaps who might be in wheelchairs, for example. I'd like to tell you about each class so that you can decide whether you would like to participate in the exchange program with any of these classes. You can say you would like to participate in the exchange program with all 3 classes, with 2 classes, with 1 class, or with no classes at all. I'll tell you about one class at a time now. Please answer according to how you really feel, not how you think you should feel.

1. Listen while I describe the first class. The first class is a class of kids who are retarded. Kids in this class have trouble learning to do most things. Most kids in the class have learned to read simple words and play games like dodge ball and kickball.

Look at question 1 on your answer sheet. The question is, "Would you like to participate in the exchange program with a class of kids who are retarded?" Check "yes" or "no" or "maybe."

Now, how many weeks do you think the exchange program with the retarded kids should last? Check 1 box only. 1 week, 2 weeks, 3 weeks, 6 weeks, or 10 weeks?

2. Listen while I describe the second class. The second class is a class of kids from different countries who have recently moved to the United States. These kids have been placed in a special class so that they can learn to speak English better. Most kids can say pretty many simple words in English already.

Look at question 2 on your answer sheet. The question is, "Would you like to participate in the exchange program with a class of kids from foreigh countries?" Check "yes" or "no" or "maybe."

Now, how many weeks do you think the exchange program with the foreign kids should last? Check 1 box only. 1 week, 2 weeks, 3 weeks, 6 weeks, or 10 weeks?

3. Listen while I describe the third class. The third class is a class of kids who have physical handicaps. Some of these kids are in wheelchairs, some walk with leg braces or crutches, and some have artificial legs or arms. The kids in this class are learning about the same things in school as you are.

Look at question 3 on your answer sheet. The question is, "Would you like to participate in the exchange program with a class of kids who have physical handicaps?" Check "yes" or "no" or "maybe."

Now, how many weeks do you think the exchange program with the physically handicapped kids should last? Check 1 box only. 1 week, 2 weeks, 3 weeks, 6 weeks, or 10 weeks?

AFFECTIVE MEASURE

INSTRUCTIONS:

Turn to the page that says HOW I FEEL. I'm going to read you some sentences that kids your age have said about handicapped kids, and I want to find out if you feel like they do. For each sentence, circle "A LOT" if you feel a lot like the kids, "A LITTLE" if you feel a little like the kids and "NOT AT ALL" if you don't feel like the kids at all. Keep in mind while I read these sentences that a handicapped person is someone who is blind, deaf, retarded, uses crutches or is in a wheelchair.

Listen carefully to each sentence because some of them may sound the same but they really are not. It is important that you circle how much you really feel like the kids I described. If you have any questions, raise your hand and ask me.

1. I feel it's unfair for normal kids to have handicapped kids in the same classroom.
2. I feel concerned about what happens to handicapped kids.
3. I would feel nervous asking a handicapped kid about his handicap.
4. I would not feel very different towards my brother (sister) if he(she) was handicapped.
5. I feel nervous when a handicapped kid is near me.
6. I would feel embarrassed if someone saw me helping a handicapped kid.
7. I feel unsure about when to ask a handicapped kid about his handicap.

8. I would feel sad if I had a handicapped brother or sister.

9. I feel angry when I see someone tease a handicapped kid.

10. I feel concerned about helping a handicapped kid too much.

11. I would feel ashamed if I had a handicapped friend.

12. I would feel happy if I could help a handicapped kid who asked me for help.

13. I feel nothing when I see a handicapped kid get teased.

14. I would feel nervous if a handicapped kid was in my class.

15. I feel sure that handicapped kids should only have handicapped friends.

16. I feel real sorry for all handicapped kids.

17. I would not feel very afraid helping a handicapped kid who needed help.

18. I feel sad when I see a handicapped kid get teased.

19. I would feel happy if a handicapped kid asked me to play a game that I like to play.

20. I would feel safer if no handicapped kids went to my school.

Who I Know

1. Do you know someone who is handicapped?

☐ Yes ☐ No

2. What is the person's handicap?

☐ Blind ☐ Deaf ☐ In a wheel-chair or on crutches ☐ Retarded ☐ Other (write it down) _____

3. Who is this person?

☐ A person in my family ☐ A friend ☐ A person whom I have seen or talked to

4. Do you like this person?

☐ Not at all ☐ A little ☐ Some ☐ A lot

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5. Have you read a story or seen a movie or TV show about someone who is handicapped?

☐ Story or book ☐ TV show ☐ Movie ☐ No

6. What was the person's handicap?

☐ Blind ☐ Deaf ☐ In a wheel-chair or on crutches ☐ Retarded ☐ Other (write it down) _____

7. Did you like this person?

☐ Not at all ☐ A little ☐ Some ☐ A lot